NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

epartment of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please UNITED WAY OF ALLEGHENY COUNTY use IRS 5-1043578 Address change label or Doing Business As E Telephone number Name change print or type. See (412) 261-6010 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 1250 PENN AVENUE PO Box 735 **G Gross receipts** \$ 35,208,400 Instruc-Termination tions. Amended return City or town, state or country, and ZIP + 4 PITTSBURGH, PA 152300735 Application pending Name and address of Principal Officer **H(a)** Is this a group return for ROBERT NELKIN affiliates? 1250 PENN AVENUE PO BOX 735 PITTSBURGH, PA 152300735 H(b) Are all affiliates included? (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► http://www.unitedwaypittsburgh.org L Year of Formation 1974 M State of legal domicile PA Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets 51 Number of voting members of the governing body (Part VI, line 1a) . . <u>51</u> Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 56 Total number of employees (Part V, line 2a) . 4,987 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 29,995,896 30,859,616 8 9 Program service revenue (Part VIII, line 2g) . . 1,339,832 1,295,020 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 971,189 -675,809 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 393,138 267,276 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 33,563,775 30,882,383 24,948,301 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 24,580,589 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 2,960,007 Expenses 3,362,371 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 (Total fundraising expenses, Part IX, column (D), line 25 $\frac{2,759,793}{}$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,613,425 2,797,764 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 30,154,021 31,108,436 18 Revenue less expenses Subtract line 18 from line 12 19 3,409,754 -226,053 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 35,036,354 33,076,410 21 Total liabilities (Part X, line 26) 20,108,646 20,689,246 22 Net assets or fund balances Subtract line 21 from line 20 14,927,708 12,387,164 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please 2010-02-02 Sign Signature of officer Here ROBERT NELKIN PRES AND CHIEF PROFESSIONAL OFFICER Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's EUGENE J LOGAN signature Paid empolyed 🕨 🦵 Preparer's ALPERN ROSENTHAL Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 339 SIXTH AVENUE 8TH FL Phone no (412) 281-2501 PITTSBURGH, PA 152222525 May the IRS discuss this return with the preparer shown above? (See instructions) .

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission Additional Data Table			
ee A	Additional Data Table			
2	Did the organization undertake any signific the prior Form 990 or 990-EZ?		ear which were not listed on	✓ Yes │ No
3	If "Yes," describe these new services on S Did the organization cease conducting or r services?	make significant changes in how it o	conducts any program	✓ Yes │ No
	If "Yes," describe these changes on Sched	dule O		
4	Describe the exempt purpose achievemen Section 501(c)(3) and (4) organizations a others, the total expenses, and revenue, if	nd 4947(a)(1) trusts are required t	o report the amount of grants a	•
4a	(Code) (Expenses \$ COMMUNITY IMPACT/IMPACT FUND In fiscal year agencies during the transition to the new process- Impact Fund dollars used to support youth service: Young Children area As a result, an additional \$1, factors, keep at-risk youth in school so they gradu secondary education, and find jobs Two of the 11 for competition to support the first 3 months of tw help them stay in their homes	r-nearly a million individuals received a varies were opened for competition in the Helpii, 035,000 was invested to support the first Suate with proficiency in reading and math, a gencies receiving funds were new partner.	ety of health and human services Sim ng Teens and Young Adults Succeed ar months of two-year programming at and help out-of school youth complete er agencies An additional \$178,656 of	ultaneously, 1/3 of traditional id Reducing Risk Factors for 11 agencies that will address risk a GED, enroll in training or post- Impact Fund dollars were opened
4b	(Code) (Expenses \$	983,267 including grants of \$	710,350) (Revenue \$)
	COMMUNITY INITIATIVES/PARTNERSHIPS PREVENTIAN THE PREVENTIAN THE PREVENTIAN TO SUPPORT THE PREVENTIAN THE PREVENTIANT THE PREVENT THE	encies and consultants to implement project intervention, street intervention, and comyears how to support child development, upons taught over 200 elementary students have conflict resolution techniques to avoid vious taught the boys how to stop, think, and proention efforts served over 500 of the high vide community service in their neighborho	ts Over a dozen agencies and several imunity mobilization) Programs to add use positive discipline strategies, and upon to recognize their emotions, responsiblence Early intervention programs serolan how to avoid aggressive confrontalest-risk 15-22-year-old young men in ods Community mobilization efforts a	consultants received funding to ress prevention focused on iderstand the impact of media to d to those emotions using wed 126 young boys with tions, and helped the caregivers the Pittsburgh region and helped re working in four highly violent
4 c	(Code) (Expenses \$ COMMUNITY INITIATIVES/PARTNERSHIPS MOTIVA were made related to the Motivating Kids to Succe from consultants received funding to support the fi Kids to Succeed in School initiative, research-base mentoring and tutoring, and school-to-work Early over 50 child care practitioners learning how to edi being supported through United Way staffing a coa strategic plan for afterschool Mentoring and tutorin region's history, leading to over 600 mentors recru opportunities for middle and high school students	eed in School Initiative for agencies and cor four strategies (early childhood, afterschool, id and model programs were implemented is childhood efforts resulted in six child care lucate leaders about the importance of early alition dedicated to helping Allegheny Coun ing are being addressed as United Way sen	nsultants to implement projects. A variation, mentoring and tutoring, and school-to that also address four strategies early programs obtaining regular volunteers y childhood and joining a coalition to rate y create a system for afterschool and yes as initiator and lead partner in the	ety of agencies with assistance obwork) Under the Motivating childhood, afterschool, to read with the children and hase awareness Afterschool is has led to the development of a largest call for mentors in the
	(Code) (Expenses \$	12,677,355 including grants of \$	11,936,742) (Revenue \$)
4d	Other program services (Describe in Scl (Expenses \$ inc	hedule O) cluding grants of \$) (Revenue \$)
4e	Total program service expenses \$	27,187,157 Must equal Part	IX, Line 25, column (B).	

Form **990** (2008)

Part IV	Chec	klist of	f Required	l Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part $\sqrt{60}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Part II	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	1/ · · · · · · · · · · · · · · · · · · ·	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI **			

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	23			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: .		1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	56			
b	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	3a		No
L	return?	· ·		3b		NO
				3D		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Regarding Prohibited			
	Tax Shelter Transaction?	•	• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itributi	ion of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, nram	uume on a nareonal			
Ĭ	benefit contract?	, prem		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the	spons	offing organization, have	8		
	year ⁹					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	1				
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governina	Body and	Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 51			
b	Enter the number of voting members that are independent 1b 51			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ROBERT J KRASMAN 1250 PENN AVENUE PO BOX 735 PITTSBURGH,PA 152300735 (412) 456-6805

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) A verage hours per week		Institutional Trustee Individual Trustee or Director		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			tion that a			ıll			(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				\vdash			\vdash			
			\vdash	Н	\dashv		$\vdash\vdash$			
				Ш.			┝	415,147	'l c	85,822

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH ALLIANCE FOR NONPROFITS ONE GATEWAY CENTER SUITE 1250 420 PITTSBURGH, PA 152221437	HEALTH/DENTAL INSURANCE	306,436
UNITED WAY OF AMERICA PO BOX 630568 BALTIMORE, MD 212630568	VARIOUS	304,675
BUNCHER COMPANY PO BOX 768 PITTSBURGH, PA 152300768	REAL ESTATE	271,561
EBDS 12th floor one gateway center PITTSBURGH, PA 152221437	HElpline	136,150
EXPEDIENT PO BOX 8500-9886 PHILADELPHIA, PA 191789886	COMPUTER SERVICES	121,421
2 Total number of independent contractors (including those in 1) who reconfrom the organization	. ,	5

VIII							
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a 95,009		Revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
g Dou	c	Fundraising events	1b				
π rag			1c				
<u>~</u> <u>⊕</u>	d e	Related organizations Government grants (contributions)	1d				
ons sir	f	All other contributions, gifts, grants, ar					
bet Be	'	similar amounts not included above	1f				
ntri do	g	Noncash contributions included	Lin				
္မ	h	lines 1a-1f \$ 349,3 Total (Add lines 1a-1f)	_	29,995,896			
	"	Total (Add lines 1a-11)	<u>▶</u>				
<u>e</u>	2a	FUNDRAISING AND PROCES	Business Code 900,099	1,295,020	1,295,020		
Ken	ь	TONDINA SING AND TROCES	900,099	1,293,020	1,293,020		
<u> 22</u>	c						
¥IC.	d						
33	e						
ran	f	All other program service rever	iue				
Program Service Revenue		Total. Add lines 2a-2f	_				
	g	► \$ 1,295,020					
	3	Investment income (including o	· · · · · · · · · · · · · · · · · · ·	427 560			427 569
		other similar amounts)	▶	437,568			437,568
	4	Income from investment of tax-exem	ot bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
	c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss) .	▶				
	7a	(i) Securities Gross amount 3,212,6	(II) O ther				
	"	from sales of assets other					
	ь	than inventory Less cost or 4,326,0	17				
		other basis and sales expenses					
	С	Gain or (loss) -1,113,3	77				
	d	Net gaın or (loss)	. ▶	-1,113,377	-1,113,377		
	8a	Gross income from fundraising					
		events (not including \$					
Other Revenue		of contributions reported on line					
₹ 2		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
č		\$15,000					
the	b c	Less direct expenses Net income or (loss) from fundr					
0	9a						
	Ja .	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
			а				
	ь	·	.ь				
	С	Net income or (loss) from gamii	ng activities				
	10a	Gross sales of inventory, less returns and allowances					
		.stains and anomances .	а				
	ь	Less cost of goods sold					
	С	Net income or (loss) from sales					
	11a	Miscellaneous Revenue	Business Code 900,099	215,329	215,329		
	ь	CAMPAIGN REVENUE OTHER REVENUE	900,099	28,454	2.3,323		28,454
	c	SECA AND CFC PARTNER R	900,099	14,345	14,345		
				9,148	9,148		
	d e	All other revenue Total. Add lines 11a-11d					
			\$ 267,276	20,002,002	430.46=	_	455,000
	12	Total Revenue. Add lines 1h, 29 8c,		30,882,383	420,465	0	466,022
		9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	24,948,301	24,948,301								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	522,584	142,670	281,007	98,907						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	2,076,758	665,017		1,113,347						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits	581,864	206,550	15,499	359,815						
10	Payroll taxes	181,165	57,212	37,221	86,732						
11	Fees for services (non-employees)										
а	Management										
b	Legal	26,222	15,995	3,409	6,818						
С	Accounting	45,333	27,653	5,893	11,787						
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees										
g	Other	1,167,985	703,777	157,575	306,633						
12	Advertising and promotion										
13	Office expenses	54,120	33,204		20,916						
14	Information technology	186,490	48,615	68,749	69,126						
15	Royalties										
16	Occupancy	265,628	91,282	41,735	132,611						
17	Travel	24,712	8,557	4,787	11,368						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials										
19	Conferences, conventions and meetings	115,304	19,818	3,093	92,393						
20	Interest										
21	Payments to affiliates	304,676	73,503	125,488	105,685						
22	Depreciation, depletion, and amortization	144,510	34,552	56,547	53,411						
23	Insurance	90,684	32,154	14,747	43,783						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	PRINTING AND PUBLICATIO	180,775	21,307	2,808	156,660						
ь	TRAINING	68,160	15,463	11,955	40,742						
c	POSTAGE AND SHIPPING	36,961	12,140	6,721	18,100						
d	EQUIPMENT AND RENTAL RE	17,276	5,922	2,704	8,650						
e	DUES AND MEMBERSHIPS	14,558	3,465	4,567	6,526						
f	All other expenses	54,370	20,000	18,587	15,783						
25	Total functional expenses. Add lines 1 through 24f	31,108,436	27,187,157	1,161,486	2,759,793						
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Form 990 (2	2008)	
Part X	Balance	Sheet

				(A)		(B	
	1	Cash—non-interest-bearing		Beginning of year	1	End of	year 3
	2	-		9,854,108		1	1,055,510
	3	Savings and temporary cash investments		12,152,705	-		0,658,474
	4	Pledges and grants receivable, net		15,606	-	'	43,207
	5	Accounts receivable, net		15,000	*		43,207
	_	Receivables from current and former officers, directors, trustees, key em other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			5		
	6	Receivables from other disqualified persons (as defined under section 49 persons described in section 4958(c)(3)(B) Complete Part II of Schedule			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
ts	9	Prepaid expenses and deferred charges		245,895	9		251,767
Assets	10a						
ДS		Land, buildings, and equipment cost basis	3,779,358				
	b	Less accumulated depreciation Complete Part VI of Schedule D	3,488,579	386,025	100		290,779
	11	Investments—publicly traded securities		8,312,579			6,904,093
	12	Investments—other securities See Part IV, line 11 Complete Part VII of		0,012,070			0,004,000
	12	Schedule D			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of $\it Schedule D$.			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		4,069,436	15		3,872,577
	16	Total assets. Add lines 1 through 15 (must equal line 34)		35,036,354	16	3	3,076,410
	17	Accounts payable and accrued expenses .		928,475	17		2,313,494
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
eS	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key					
abi		employees, highest compensated employees, and disqualified					
Li		persons Complete Part II of Schedule L	•		22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		19,180,171	25	1	8,375,752
	26	Total liabilities. Add lines 17 through 25		20,108,646	26	2	0,689,246
es		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete lines through 29, and lines 33 and 34.	s 27				
Balance	27	Unrestricted net assets		9,595,364	27		8,174,608
sa k	28	Temporarily restricted net assets		3,881,105	28		2,868,411
	29	Permanently restricted net assets		1,451,239			1,344,145
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and comple	ete	. ,			<u> </u>
ō	20	lines 30 through 34.			30		
ets	30	Capital stock or trust principal, or current funds					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	• •		31		
	32	Retained earnings, endowment, accumulated income, or other funds		14,927,708	32	4	2,387,164
Net	33	Total liabilities and not accept found belonged					
	34	Total liabilities and net assets/fund balances		35,036,354	34		3,076,410
Pa	rt XI	Financial Statements and Reporting					
			_			Yes	No
1	Acco	unting method used to prepare the Form 990	other				

Dart VI	Financial Statements and Reporting	_

1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493033003030

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

JNITE	D WAY	OF ALLEGHENY	COUNTY						4040574			
Do	T	Dancan	for Dublic C	harity Status (to be see	malatad	hu all ar			-1043578			
	rt I			harity Status (to be col ation because it is (Please					mstruct	ions)		
1				nurches, or association of ch					Δ \/ i \			
2	<u>'</u>	•		t ion 170(b)(1)(A)(ii). (Attac			Section 1	170(1)(1)(A)(1).			
3	<u>'</u>			e hospital service organizati		•	tion 170/k	-\/1\/A\/;	ii) // ++>c	h Cahadul	a U)	
4	<u>'</u>	•	·				-				•	
4	1		-	zation operated in conjunctiv	on with a r	iospitai de	escribea ii	Section	170(B)(1)	(A)(III). =	nter the	
_	_	•	name, city, and					l b				
5	1			or the benefit of a college or	university	y owned o	roperated	i by a gove	ernmentai	unit desc	ribea in	
_	_			(Complete Part II)			-ti 170/	/L\/4\/A\	()			
6	ا آ <u>م</u>	A pergapization that permally receives a substantial part of its support from a governmental unit or from the general public										
7	 ~	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)										
8	\vdash		-	oed in Section 170(b)(1)(A)	•	nlete Pari	+ T T \					
9	<u>'</u>		•	ally receives (1) more than		•	-	antribution	s mamha	rchin faac	and aross	
,	'	-		lated to its exempt functions							· -	
				estment income and unrelate	-		·		•			
			-	on after June 30, 1975 See			,			() HOIH bu	311163363	
10	$\overline{}$		<u>-</u>	and operated exclusively to			•		•	a instruc	tions)	
11	<u>'</u>			and operated exclusively to								
	'	_	=	orted organizations describe					•	•		
		the box tha	t describes the	type of supporting organiza	tion and c	omplete lı	nes 11e t	hrough 11		_		
		аГТ	ype I b	Type II c	Type III	- Function	nally Integ	grated	d	ГТуре	III - Other	
е	Г	•		rtify that the organization is			•			•	•	
		other than section 50		agers and other than one or	more publ	icly suppo	orted orga	nizations (described	in section	1509(a)(1) or	
f				d a written determination fro	m the IRS	that it is	a Type I.	Type II o	r Type III	supportir	ng organization.	
		check this					,, ,	, ,	, ,		Ĭ Ė	
g				as the organization accepted	d any gift (or contribi	utıon from	any of the	!			
		following pe		r indirectly controls, either a	alona orto	aothor wil	th parsons	doscribo	dun (u)		Yes No	
			•	ng body of the the supported		_	in persons	describe	u III (II)	11g		
			· -	erson described in (i) above	-	LIOII.				11g(
				ty of a person described in (20462				11g(
h				nation about the organizatio			sunnorts			119(···/ ₁	
••		1 TOVIGE CITE	. Tollowing Illion	nation about the organizatio	ins the org	amzation	Supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of	
	Supp	orted	. ,	(described on lines 1-9	organiz	atıon ın	the orga	ınızatıon	l	atıon ın	support?	
1	0 rgan	ıızatıon		above or IRC section	col (i)			i) of your		rganized		
				(See Instructions))	your go docur	_	supp	ort?	ın the	US?		
					Yes	No	Yes	No	Yes	No	-	
					162	110	162	140	162	140		

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu ille box o	II lille 5, 7, or	8 OF Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	31,982,511	29,004,910	28,592,321	30,859,616	:	29,995,896	150,435,254
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	31,982,511	29,004,910	28,592,321	30,859,616		29,995,896	150,435,254
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,251,207
6	(f) Public Support subtract line 5 from line							
0	4							149,184,047
Т	otal Support		<u> </u>	I				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	31,982,511	536,526	28,592,321	30,859,616		29,995,896	150,435,254
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	294,772	536,526	613,528	630,329		437,568	2,512,723
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	742,681	1,871,010	1,798,252	1,723,167		258,128	6,393,238
11	Total Support (Add lines 7 through 10)							159,341,215
12	Gross receipts from related activities, etc	(See instruction	ıs)	•		12		
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	omputation of Public Support Perc Public Support Percentage for 2008 (line 6		ed by line 11 co	Jumn (f))		44		03.630.04
			•	, ruiiii (1))		14		93.630 %
15 16	Public Support Percentage for 2007 Sched					15		94.120 %
	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on				▶ ✓ s
17a	box and stop here. The organization qualifier 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts or t	If the organization	on did not check	a box on line 1				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test The If the organization	e organization qu on did not check	ualıfıes as a pub a box on lıne 1:	licly supported 3, 16a, 16b, or	organı 17a ar	zation nd line 15 i	►
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ımstances" test	The organization	n qualifies as a	publicly suppor	ted or	ganızatıon	w ▶┌
	IDETELICTIONS							

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 25-1043578

Name: UNITED WAY OF ALLEGHENY COUNTY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Thomas E Birsic ESQ , BO ARD MEMBER	1 00	Х						0	0	0	
Diana Block , BOARD MEMBER	1 00	Χ						0	0	0	
j Brooks Broadhurst , BOARD MEMBER	1 00	Χ						0	0	0	
Nancy L Bromall , BOARD MEMBER	1 00	Х						0	0	0	
Charlie Burke Sr , BO ARD MEMBER	1 00	Х						0	0	0	
James F Carroll , BO ARD MEMBER	1 00	Х						0	0	0	
G Reynolds Clark , BOARD MEMBER	5 00	Х						0	0	0	
James M Collins , BOARD MEMBER	1 00	Х						0	0	0	
Larry E Davis PhD , BOARD MEMBER	1 00	Х						0	0	0	
Randall S Dearth , BOARD MEMBER	1 00	Х						0	0	0	
Robert A DeMichiei , BOARD MEMBER	1 00	Х						0	0	0	
Robert C Denove , BOARD MEMBER	1 00	Х						0	0	0	
Michele Fabrizi , BOARD MEMBER	1 00	Х						0	0	0	
Karen WO LK Feinstein Ph , BO A RD MEMBER	1 00	Х						0	0	0	
Sanford B Ferguson Esq , BO A RD MEMBER	1 00	Х						0	0	0	
John P Friel , BO ARD MEMBER	1 00	Х						0	0	0	
MARTIN A FRITZ , BOARD MEMBER	1 00	Х						0	0	0	
Gretchen R Haggerty , BOARD MEMBER	1 00	Х				<u> </u>		0	0	0	
Margaret P Joy JD , BOARD MEMBER	1 00	Х						0	0	0	
James P McDonald , BO A RD MEMBER	1 00	Х						0	0	0	
David E Massaro , BOARD MEMBER	1 00	Х						0	0	0	
Todd C Moules , BOARD MEMBER	1 00	Х						0	0	0	
Morgan K O'Brien , BOARD MEMBER	1 00	X						0	0	0	
Arthur J Rooney II , BOARD MEMBER	1 00	Χ						0	0	0	
Loren H Roth MD, BOARD MEMBER	1 00	Х						0	0	0	
David S Shapira , BOARD MEMBER	1 00	X			<u> </u>			0	0	0	
Stephen B Thomas PhD , BO ARD MEMBER	1 00	Х						0	0	0	
Steve P Tritch , BO A RD MEMBER	1 00	Х						0	0	0	
Jon D Walton , BOARD MEMBER	1 00	Х						0	0	0	
G THOMAS Welsh, BOARD MEMBER	1 00	Χ						0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion (hat a	chec		I		(D)	(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
John Wilds PhD SPH , BOARD MEMBER	1 00	Х						0	0	0	
Timothy Williams , BOARD MEMBER	1 00	X						0	0	0	
ESTHER L BUSH , BOARD MEMBER	1 00	Х						0	0	0	
ANTONIO DIAS ESQ , BOARD MEMBER	1 00	×						0	0	0	
PEGGY B HARRIS , BOARD MEMBER	1 00	Х						0	0	0	
RAYMOND L HUBER , BOARD MEMBER	1 00	Х						0	0	0	
JOHN W MCGONIGLE , BOARD MEMBER	1 00	×						0	0	0	
DOUGLAS OSTROW, BOARD MEMBER	1 00	Х						0	0	0	
JAMES J BARNES ESQ , BOARD MEMBER	1 00	Х						0	0	0	
GREGORY HEMPFLING , BOARD MEMBER	1 00	X						0	0	0	
LYNETTE A HORRELL , BOARD MEMBER	1 00	Х						0	0	0	
CRAIG A GRAYBILL , BOARD MEMBER	1 00	Х						0	0	0	
CAROLS MACPHAIL, BOARD MEMBER	1 00	×						0	0	0	
DAVID J MALONE , BOARD MEMBER	1 00	Х						0	0	0	
KENNETH MELANI MD , BOARD MEMBER	1 00	×						0	0	0	
DEBORAH L RICE , BOARD MEMBER	1 00	Х						0	0	0	
REV DAVID ZUBIK , BOARD MEMBER	1 00	Х						0	0	0	
MICHAEL DUNLEAVY , BOARD MEMBER	1 00	Х						0	0	0	
ROBERT A KRIZNER , BOARD MEMBER	1 00	Х						0	0	0	
JOHN W LASKY JR , BOARD MEMBER	1 00	Х						0	0	0	
JOHN L TARKA , BOARD MEMBER	1 00	Х						0	0	0	
ROBERT J KRASMAN , CAO/CFO	50 00			Х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	155,451	0	34,643	
MICHAEL P RYAN , CONTROLLER	50 00			Х			$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	92,567	0	14,098	
ROBERT NELKIN , PRESIDENT/CPO	50 00			Х				167,129	0	37,081	

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE UNITED WAY OF ALLEGHENY COUNTY IS A CHANGE AGENT AND EFFICIENT COMMUNITY FUNDRAISER THAT IMPROVES LIVES BY ADDRESSING CRITICAL COMMUNITY NEEDS. BY CONVENING DIVERSE PARTNERS AND INVESTING IN PROGRAMS AND PEOPLE TO ADVANCE SOLUTIONS, THE UNITED WAY CREATES LONGLASTING CHANGE AND HELPS CHILDREN AND YOUTH SUCCEED, STRENGTHENS AND SUPPORTS FAMILIES BY PROMOTING FINANCIAL STABILITY, ENSURES THE SAFETY AND WELL-BEING OF VULNERABLE SENIORS, AND PROVIDES COUNTY-WIDE ACCESS TO INFORMATION AND REFERRAL SOURCES MEETING BASIC NEEDS.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

OUR VISION IS TO BE THE COMMUNITY'S FUNDRAISER FOR HEALTH AND HUMAN SERVICES. OUR MISSION IS TO CONTINUOUSLY INCREASE ANNUAL FUNDING TO QUALITY HEALTH AND HUMAN SERVICE AGENCIES. OUR PRINCIPLES ARE: (1) BRAND A NETWORK OF QUALITY AGENCIES THAT ARE ELIGIBLE TO USE THE UNITED WAY OF ALLEGHENY COUNTY'S BRAND AND RECEIVE ALLOCATIONS OF UNRESTRICTED GIVING; (2) CONTINUOUSLY IMPROVE THE UNITED WAY OF ALLEGHENY COUNTY'S CAPABILITY AS A FUNDRAISER AND AN ALLOCATOR OF FUNDS; (3) EXPAND AND INCREASE UNRESTRICTED GIVING; (4) GROW ANNUAL WORKPLACE CAMPAIGNS; (5) MAINTAIN AN OVERHEAD PERCENTAGE IN THE TOP DECILE OF CHARITABLE FUNDRAISERS.

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

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Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization UNITED WAY OF ALLEGHENY COUNTY 25-1043578 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

F \$

• Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

3	Using the organization's accession and other	•				•			ntinuea)
	items (check all that apply)	, , , , , , , , , , , , , , , , , , , ,		_	-	-			
а	Public exhibition		d	Γ	Loan or exch	nange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how	v the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	t IV Trust, Escrow and Custodial	•					<u>.</u>		,
	Part IV, line 9, or reported an an			•					
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions o	r other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
							A mou	ınt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,							
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)) Prior	Year (c)Tw	o Years Back (d)	Three Years Back (e	Four Ye	ears Back
1a	Beginning of year balance	3,418,950							
b	Contributions	600,954							
С	Investment earnings or losses	-552,258							
d	Grants or scholarships								
e	Other expenditures for facilities and programs	204,672							
f	Administrative expenses	35,634							
g	End of year balance	3,227,340							
2	Provide the estimated percentage of the yea	r end balance held a:	s						
a	Board designated or quasi-endowment	35 000 %	_						
b	Permanent endowment > 26 000 %								
	20.000 ev								
c 3a	Term endowment 39 000 % Are there endowment funds not in the posses	scion of the organiza	tion t	·hat ·	are held and a	dministered for	tha		
Ja	organization by	ssion of the organiza	tion t	.iiat (are nela ana a	allillistered for	uiie	Yes	No
	(i) unrelated organizations						3a(i)	Yes	
	(ii) related organizations						3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organization	ns listed as required	on S	chec	lule R?		3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Buildings	s, and Equipmer	1 t. Se	ee F	orm 990, Pa	irt X, line 10.	1		
	Description of investment			(a ba) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land						•		
b	Buildings		•						
c	Leasehold improvements		•						
	Equipment					1,352,495	1,177,195		175,300
d				L			<u> </u>	<u></u>	
	Other		•			2,426,863			115,479

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			•
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
		2032 01 0114 01	y car market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,	•		
(a) Descri			(b) Book value
FUNDS HELD IN TRUST BY OTHERS			3,872,577
Total. (Column (b) should equal Form 990, Part X, col.(B) line	e 15.)		3,872,577
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CONTRIBUTOR CHOICE SUPPORT	6,161,710		
DISTRIBUTIONS PAYABLE TO AGENCIES	12,126,653		
CAPITAL LEASE OBLIGATIONS	87,389		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	18,375,752		

	Reconcination of change in Net Assets from Form 350 to Financial Statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,882,383
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,108,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-226,053
4	Net unrealized gains (losses) on investments	4	-1,141,422
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,173,069
9	Total adjustments (net) Add lines 4 - 8	9	-2,314,491
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,540,544
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	18,682,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	728,164
3	Subtract line 2e from line 1	3	17,954,802
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	12,927,581
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,882,383
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	21,260,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,767,384
3	Subtract line 2e from line 1	3	19,493,042
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,615,394
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,108,436

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Description of Intended Use of Endowment Funds	INCOME FROM THE MAURICE AND LAURA FAULK FOUNDATION FUND IS RESTRICTED FOR USE IN FINANCING CAPITAL REQUIREMENTS OF AGENCIES AND THE UNITED WAY OF ALLEGHENY COUNTY THIS INCOME AND ACCUMULATED APPRECIATION IS CLASSIFIED AS AVAILABLE FOR CAPITAL EXPENDITURES INCOME FROM THE OTHER FUNDS IS AVAILABLE TO SUPPORT ALL ACTIVITIES OF THE UNITED WAY OF ALLEGHENY COUNTY AND IS REPORTED AS UNRESTRICTED INCOME
Part XI, Line 8 - O ther A djustments		CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS -106073 TRANSFER OF EQUITY FROM HEALTH ALLIANCE FOR NONPROFITS 36916 SFAS 158 PENSION ADJUSTMENT -1075525 CAPITALIZED DONATED SERVICES 8529 HEALTH ALLIANCE FOR NONPROFITS REVENUE 89738 HEALTH ALLIANCE FOR NONPROFITS EXPENSES -61962 CONTRIBUTIONS FROM HEALTH ALLIANCE FOR NONPROFITS PER FINANCIAL STATEMENTS -64692
Part XII, Line 2d - Other Adjustments		HEALTH ALLIANCE REVENUE INCLUDED IN FINANCIAL STATEMENTS 89738
Part XII, Line 4b - O ther A djustments		CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 106073 REVENUE TO BE DISTRIBUTED TO AGENCIES PER DONOR INSTRUCTIONS 11615394 NET UNREALIZED LOSS ON INVESTMENTS 1141422 HEALTH ALLIANCE CONTRIBUTIONS ELIMINATED IN FINANCIAL STATEMENTS 64692
Part XIII, Line 2d - Other Adjustments		HEALTH ALLIANCE EXPENSES INCLUDED IN FINANCIAL STATEMENTS 61962 SFAS 158 PENSION ADJUSTMENT 1075525
Part XIII, Line 4b - O ther A djustments		EXPENSES TO BE DISTRIBUTED TO AGENCIES PER DONOR INSTRUCTIONS 11615394
		SCHEDULE D PART X PORTION OF THE FINANCIAL STATEMENT NOTES THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 The FASB issued Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 FIN 48 recognizes that the ultimate deductibility of positions taken or expected to be taken on tax returns is often uncertain. It provides guidance on when tax positions claimed by an entity can be recognized and guidance on the dollar amount at which those positions are recorded. In order to recognize the benefits associated with a tax position taken, the entity must conclude that the ultimate realization of the deduction is more likely than not. If the ultimate realization of the tax position is more likely than not, the benefit associated with the position is recognized at the largest dollar amount that has more than a 50% likelihood of being realized upon ultimate settlement. The Interpretation was originally effective for nonpublic entities for fiscal years beginning after December 15, 2006.
		FIN 48-3 permits nonpublic entities, including not-for-profit organizations, to defer the effective date of FIN 48 until fiscal years beginning after December 15, 2008. The United Way of Allegheny County has elected to defer the application of FIN 48 and does not expect the provisions of FIN 48 to have a material impact on its future financial statements.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493033003030

Department of the Treasury Internal Revenue Service

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Schedule I (Form 990) 2008

Name of the organization						Employer identif	fication number
UNITED WAY OF ALLEGHENY CO	OUNIY					25-1043578	
Part I General Informa	tion on Grar	nts and Assistance	e			•	
Does the organization mainta the selection criteria used to Describe in Part IV the organ	award the grar nization's proce	its or assistance? dures for monitoring th	ne use of grant funds ın t	he United States			
Part IV and Schedu	line 21 for an ile I-1 if addit	ly recipient that rece Ional space is	eived more than \$5,0	00. Check this box	tes. Complete if the or if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section organizations							86
3 Enter total number of other o							• o

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organiza	ation answered "Y	Yes" on Form 990.	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				· ··· · · · · · · · · · · · · · · · ·

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 UNITED WAY OF ALLEGHENY COUNTY HAS STAFF ASSIGNED TO PROVIDE OVERSIGHT FOR GRANTS WITHIN THEIR FOCUS AREA STAFF WORKING WITH TRAINED VOLUNTEERS REVIEW ANNUAL REPORTS FROM THE AGENCIES TO ASSURE THEY MEET UNITED WAY OF ALLEGHENY COUNTY GUIDELINES GRANTS ARE UP FOR COMPETITIVE REVIEW EVERY THREE YEARS

Software ID: Software Version:

EIN: 25-1043578

Name: UNITED WAY OF ALLEGHENY COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i orini 330,3cheddie 1, Fai	t II, Grants a	ila Other Assistant	c to dovernment.	dia Organizacio	iis iii tiic oiiitea st	4.65	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION - HOUSING425 SIXTH AVENUE STE 950 PITTSBURGH, PA 15219	25-0965469	501 (C)(3)	380,331				GENERAL & PROGRAM OPERATING COSTS
ADDISON BEHAVIORAL CARE INC905 WEST STREET 4TH FLOOR PITTSBURGH,PA 15221	25-1446767	501 (C)(3)	31,332				GENERAL OPERATING COSTS
AMERICAN RED CROSS SWPA CHAPTER225 BOULEVARD OF THE ALLIES PO BOX 1769 PITTSBURGH, PA 15230	25-0965231	501 (C)(3)	529,255				GENERAL OPERATING COSTS
ARSENAL FAMILY & CHILDREN'S SERVICES336 S AIKEN AVENUE PITTSBURGH, PA 15232	25-1389965	501 (C)(3)	5,216				GENERAL OPERATING COSTS
ARTHRITIS FOUNDATION 100 WEST STATION SQUARE SUITE 1950 PITTSBURGH, PA 152191138	25-0983073	501 (C)(3)	33,561				GENERAL OPERATING COSTS
BLIND AND VISION REHABILITATION SERVICES1800 west street HOMESTEAD,PA 15120	25-1803195	501 (C)(3)	104,552				GENERAL OPERATING COSTS
BOY SCOUTS OF AMERICA GREATER PITTSBURGH COUNCILFLAG PLAZA 1275 BEDFORD AVENUE PITTSBURGH, PA 15219	25-0965214	501 (C)(3)	360,827				GENERAL & PROGRAM OPERATING COSTS
BOYS & GIRLS CLUBS OF WPACAMPFIRE USA5432 BUTLER STREET PITTSBURGH,PA 15201	25-1206970	501 (C)(3)	709,275				GENERAL & PROGRAM OPERATING COSTS
BRASHEAR ASSOCIATION 2005 SARAH STREET PITTSBURGH,PA 15203	25-0369810	501 (C)(3)	88,416				GENERAL OPERATING COSTS
CATHOLIC CHARITIES DIOCESE OF PGH212 NINTH STREET 10TH FLOOR PITTSBURGH, PA 15222	25-1326213	501 (C)(3)	406,820				GENERAL & PROGRAM OPERATING COSTS

Form 990,Schedule I, I	Part II, Gran	ts and Other As	sistance to Gove	rnments and Or	ganizations in	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC YOUTH ASSOCSTEPHEN FOSTER 286 MAIN STREET PITTSBURGH,PA 15201	25-0984596	501 (C)(3)	48,102				GENERAL & PRO GRA M OPERATING COSTS
CENTERS FOR HEALTHY HEARTS & SOULS100 N BRADDOCK AVENUE SUITE 304 PITTSBURGH, PA 15208	25-1866726	501 (C)(3)	26,889				GENERAL OPERATING COSTS
CENTER FOR HEARING & DEAF SERVICES1945 FIFTH AVENUE PITTSBURGH,PA 15219	25-0974324	501 (C)(3)	62,621				GENERAL OPERATING COSTS
COMMUNITY HUMAN SERVICES CORPORATION374 LAWN STREET PITTSBURGH, PA 15213	25-1219610	501 (C)(3)	143,220				GENERAL & PROGRAM OPERATING COSTS
EAST LIBERTY FAMILY HEALTH CARE CENTER 6023 HARVARD STREET PITTSBURGH,PA 15206	25-1417228	501 (C)(3)	166,765				GENERAL & PRO GRA M O PERATING COSTS
FAMILY RESOURCES STEVENSON BUILDING 141 S HIGHLAND AVENUE SUITE 201 PITTSBURGH, PA 15206	25-0728060	501 (C)(3)	82,598				GENERAL & PROGRAM OPERATING COSTS
FAMILY SERVICES OF W PA3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-1417228	501 (C)(3)	878,842				GENERAL & PROGRAM OPERATING COSTS
FOCUS ON RENEWAL STO-ROX NEIGHBORHOOD CORPORATION 701 CHARTIERS AVENUE MCKEES ROCKS, PA 15136	25-0122792	501 (C)(3)	25,656				GENERAL & PROGRAM OPERATING COSTS
GIRL SCOUTS - WESTERN PENNSYLVANIA 30 ISABELLA STREET SUITE 107 PITTSBURGH, PA 15212	25-0983051	501 (C)(3)	67,839				GENERAL OPERATING COSTS
GWEN'S GIRLS7230 mcpherson boulevard PITTSBURGH,PA 15208	75-3114136	501 (C)(3)	75,178				GENERAL & PROGRAM OPERATING COSTS

Form 990,Schedule I, P	art II, Grant	s and Other As	sistance to Gove	rnments and Or	ganizations in t	the United States	3
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILL HOUSE ASSOCIATION INCHILL COMMUNITY COLLABORATIVE1835 CENTRE AVENUE PITTSBURGH, PA 15219	25-1146128	501 (C)(3)	524,183				GENERAL & PROGRAM OPERATING COSTS
HOLY FAMILY SOCIAL SERVICESHOLY FAMILY INSTITUTE 8235 OHIO RIVER BOULEVARD PITTSBURGH,PA 15202	25-0984606	501 (C)(3)	290,435				GENERAL & PROGRAM OPERATING COSTS
HUMAN SERVICES CENTER CORPMCKEESPORT COLLABORATIVE519 PENN AVENUE TURTLE CREEK, PA 15145	25-1427632	501 (C)(3)	297,056				GENERAL & PRO GRAM OPERATING COSTS
JEWISH ASSOCIATION OF AGINGCHARLES MORRIS CENTER 200 JHF DRIVE DRIVE PITTSBURGH,PA 15217	25-1720606	501 (C)(3)	221,955				GENERAL OPERATING COSTS
JEWISH COMMUNITY CENTER5738 FORBES AVENUE PITTSBURGH,PA 15217	25-1094514	501 (C)(3)	438,120				GENERAL & PROGRAM OPERATING COSTS
JEWISH FAMILY & CHILDREN'S SERVICES 5743 BARTLETT STREET PITTSBURGH,PA 15217	25-0965407	501 (C)(3)	269,341				GENERAL & PROGRAM OPERATING COSTS
KIDS VOICE700 FRICK BUILDING 437 GRANT STREET STREET PITTSBURGH,PA 15219	25-0983060	501 (C)(3)	58,532				GENERAL OPERATING COSTS
LEMINGTON COMMUNITY SERVICES INC1701 LINCOLN AVENUE PITTSBURGH,PA 15206	25-1826429	501 (C)(3)	55,513				GENERAL OPERATING COSTS
LIFE'S WORK OF WESTERN PENNSYLVANIA1323 FORBES AVENUE PITTSBURGH, PA 15219	25-0969438	501 (C)(3)	298,807				GENERAL & OPERATING COSTS
LUTHERAN SERVICE SOCIETY OF WPA3171 BABCOCK BOULEVARD PITTSBURGH, PA 15237	25-0965419	501 (C)(3)	48,031				GENERAL OPERATING COSTS

Form 990,Schedule I,	Part II, Gran	ts and Other As	sistance to Gove	ernments and O	rganizations in t	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER YOUTH DEVELOPMENT CENTER 1214 LIVERPOOL STREET PITTSBURGH,PA 15233	23-7447953	501 (C)(3)	49,004				GENERAL & PROGRAM OPERATING COSTS
MENTAL HEALTH AMERICA ALLEGHENY COUNTYPHDS BUILDING 3RD FLOOR 1945 FIFTH AVENUE PITTSBURGH, PA 15219	25-1070248	501 (C)(3)	107,525				GENERAL OPERATING COSTS
MERCY BEHAVIORAL HEALTH1200 REEDSDALE STREET PITTSBURGH,PA 15233	25-1604115	501 (C)(3)	24,700				GENERAL OPERATING COSTS
MULTIPLE SCLEROSIS SERVICE SOCIETYTWO PARKWAY CENTER SUITE 125 875 GREENTREE ROAD PITTSBURGH, PA 15220	25-1072149	501 (C)(3)	9,551				GENERAL OPERATING COSTS
MYASTHENIA GRAVIS ASSOCIATION OF WESTERN PA INC490 E NORTH AVENUE SUITE 410 PITTSBURGH, PA 15212	23-7004401	501 (C)(3)	17,328				GENERAL OPERATING COSTS
NORTHERN AREA COMPANIES209 13TH STREET PITTSBURGH, PA 15215	23-7139992	501 (C)(3)	193,149				GENERAL & PROGRAM OPERATING COSTS
OPERATION BETTER BLOCK INC801 N HOMEWOOD AVENUE PITTSBURGH,PA 15208	23-7157433	501 (C)(3)	79,255				GENERAL OPERATING COSTS
PARENTAL STRESS CENTER5877 COMMERCE STREET PITTSBURGH,PA 15206	25-1396924	501 (C)(3)	71,940				GENERAL & PROGRAM OPERATING COSTS
PITTSBURGH ACTION AGAINST RAPE81 S 19TH STREET PITTSBURGH,PA 15203	25-1253675	501 (C)(3)	68,642				GENERAL & PROGRAM OPERATING COSTS
PITTSBURGH AIDS TASK FORCE5913 PENN AVENUE PITTSBURGH,PA 15206		501 (C)(3)	53,609				GENERAL OPERATING COSTS

Form 990,Schedule I,	Part II, Gran	ts and Other As	sistance to Gove	ernments and O	rganizations in	the United States		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE PROGRAM FOR OFFENDERS100 N BRADDOCK AVENUE SUITE 201 PITTSBURGH, PA 15208	25-1296999	501 (C)(3)	172,692				GENERAL OPERATING COSTS	
PROGRAM TO AID CITIZEN ENTERPRISE (PACE)ONE GATEWAY CENTER SUITE 500 420 FT DUQUESNE BLVD PITTSBURGH,PA 15222	25-1205316	5-1205316 501 (C)(3) 351,717 GENERAL OPERATING COSTS				OPERATING		
RANKIN CHRISTIAN CENTER230 THIRD AVENUE RANKIN,PA 15104	20-0114753	501 (C)(3)	54,374				GENERAL OPERATING COSTS	
SALVATION ARMY OF WPA700 NORTH BELL AVENUE PO BOX 742 CARNEGIE,PA 15106	25-0965551	501 (C)(3)	(C)(3) 510,001 GENERAL OPERATING COSTS		OPERATING			
SICKLE CELL SOCIETY 7643 FRANKSTOWN AVENUE PITTSBURGH,PA 15208	23-7126801	501 (C)(3)	7,430				GENERAL OPERATING COSTS	
SOJOURNER HOUSE 5460 PENN AVENUE PITTSBURGH,PA 15206	25-1737004	501 (C)(3)	10,053				GENERAL & PROGRAM OPERATING COSTS	
SPINA BIFIDA ASSOCIATION OF WPA THE WOODLANDS 134 SHENOT ROAD BUILDING ONE WEXFORD, PA 15090	25-1337324	501 (C)(3)	15,264				GENERAL OPERATING COSTS	
THREE RIVERS ADOPTION COUNCIL 307 FOURTH AVENUE SUITE 310 PITTSBURGH,PA 15222	HREE RIVERS DOPTION COUNCIL 07 FOURTH AVENUE UITE 310 25-1383638 501 (C)(3) 14,090		GENERAL & PROGRAM OPERATING COSTS					
THREE RIVERS YOUTH INC6117 BROAD STREET PITTSBURGH,PA 15206	25-1206924	501 (C)(3)	326,021				GENERAL OPERATING COSTS	
TRAVELERS AID 25-0965581 501 (C)(3) 112,703 SOCIETY OF PITTSBURGH103		GENERAL & PROGRAM OPERATING COSTS						

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization section arant cash valuation (book. non-cash orassistance ıf applıcable or government assistance FMV, appraisal, assistance other) 25-1017602 501 (C)(3) 42,344 **GENERAL &** UNITED JEWISH FEDERATION 234 MCKEE PROGRAM PLACE OPERATING COSTS PITTSBURGH, PA 15213 25-1797902 100,394 UNITED CEREBRAL 501 (C)(3) **GENERAL &** PALSY ASSN OF PROGRAM PITTSBURGH4638-40 OPERATING CENTRE AVENUE COSTS PITTSBURGH, PA 15213 URBAN LEAGUE OF 25-0965592 501 (C)(3) 642,742 **GENERAL &** GREATER PITTSBURGH PROGRAM 610 WOOD STREET OPERATING COSTS PITTSBURGH, PA 15222 URBAN YOUTH ACTION 25-1198346 **GENERAL &** 501 (C)(3) 59,220 **INCWARNER CENTRE 333** PROGRAM FORBES AVENUE OPERATING COSTS PITTSBURGH, PA 15222 VETERANS LEADERSHIP 25-1434643 501 (C)(3) 105,134 **GENERAL &** PROGRAM OF WPA INC PROGRAM 2417 EAST CARSON OPERATING STREET COSTS PITTSBURGH, PA 15203 VINTAGE INC401 N 23-7394576 501 (C)(3) 282,191 **GENERAL &** HIGHLAND AVENUE PROGRAM PITTSBURGH, PA 15206 OPERATING COSTS WIRELESS 20-0557748 501 (C)(3) 249,500 PROGRAM NEIGHBORHOODS218 N OPERATING HIGHALAND AVENUE COSTS PITTSBURGH, PA 15206 WOMEN'S CENTER & 25-1264376 501 (C)(3) 149,619 GENERAL SHELTER OF GREATER OPERATING PITTSBURGHPO BOX COSTS 9024 PITTSBURGH, PA 15224 YMCA OF 25-0969497 501 (C)(3) 441,907 GENERAL PITTSBURGHEAST SIDE OPERATING COSTS COMMUNITY COLLABORATIVE420 FT DUQUESNE BOULEVARD PITTSBURGH, PA 15222 YWCA OF GREATER 25-0965639 501 (C)(3) 341,118 **GENERAL &** PITTSBURGH305 WOOD PROGRAM STREET OPERATING PITTSBURGH, PA 15222 COSTS

Form 990,Schedule I, I	Part II, Gran	ts and Other As	sistance to Gov	ernments and O	rganizations in	the United States	\$
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURTLE CREEK VALLEY MHMR723 BRADDOCK AVENUE BRADDOCK,PA 15104	25-1250510	501 (C)(3)	78,000				GENERAL OPERATING COSTS
YOUTH WORKS INC401 WOOD STREET SUITE 1500 PITTSBURGH,PA 15222	OD STREET SUITE OPER		GENERAL & PROGRAM OPERATING COSTS				
SMALLMAN STREET PITTSBURGH, PA 15201		GENERAL & PROGRAM OPERATING COSTS					
NORTH HILLS COMMUNITY OUTREACH 1975 FERGUSON ROAD ALLISON PARK, PA 15101	25-1553057	501 (C)(3)	57,375				PROGRAM OPERATING COSTS
GOODWILL INDUSTRIES OF SWPA 2600 EAST CARSON STREET PITTSBURGH, PA 15203	25-1098928	501 (C)(3)	7,000				PROGRAM OPERATING COSTS
JUST HARVEST EDUCATION FUND16 TERMINAL WAY PITTSBURGH,PA 15219	25-1555571	501 (C)(3)	12,000				PROGRAM OPERATING COSTS
BEGINNING WITH BOOKS5920 KIRKWOOD STREET PITTSBURGH,PA 15206	23-2980229	501 (C)(3)	76,600				PROGRAM OPERATING COSTS
PAEYC5604 SOLWAY STREET PITTSBURGH,PA 15217	25-6089906	501 (C)(3)	46,800				PROGRAM OPERATING COSTS
EAST END COOPERATIVE MINISTRIES250 NORTH HIGHLAND AVENUE PITTSBURGH,PA 15206	23-1722988	501 (C)(3)	1,000				PROGRAM OPERATING COSTS
JUBILEE ASSOCIATION 2005 WYANDOTTE STREET PITTSBURGH,PA 15219	25-1394229	501 (C)(3)	1,000				PROGRAM OPERATING COSTS

Form 990,Schedule I, F	art II, Gran	ts and Other As	sistance to Gove	ernments and Or	ganizations in	the United State:	5	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF PITTSBURGH - OCD OFFICE OF RESEARCH/COST ACCOUNTING 3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260		PROGRAM OPERATING COSTS						
GREATER PITTSBURGH COMMUNITY FOOD BANK1 NORTH LINDEN STREET DUQUESNE,PA 15110	GREATER PITTSBURGH 25-1420599 501 (C)(3) 5,000 PROGOMMUNITY FOOD OPER COST		PROGRAM OPERATING COSTS					
MENTORING PARTNERSHIP - SWPA 2934 SMALLMAN STREET 2ND FLOOR PITTSBURGH, PA 15201		PROGRAM OPERATING COSTS						
PITTSBURGH LEADERSHIP FOUNDATION100 ROSS STREET PITTSBURGH,PA 15219	25-1345815	501 (C)(3)	25,000				PROGRAM OPERATING COSTS	
FORBES FUND5 PPG PLACE SUITE 250 PITTSBURGH,PA 15222	25-1418095	501 (C)(3)	68,550				PROGRAM OPERATING COSTS	
PITTSBURGH CARES744 OLIVER BUILDING 535 SMITHFIELD STREET PITTSBURGH, PA 152222302	25-1702048	501 (C)(3)	400,000				PROGRAM OPERATING COSTS	
AUBERLE1101 HARTMAN STREET MCKEESPORT,PA 15132		501 (C)(3)	24,500				PROGRAM OPERATING COSTS	
UNIVERSITY OF PITTSBURGH SCHOOL OF SOCIAL WORK2025 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	UNIVERSITY OF PITTSBURGH SCHOOL OF SO CIAL WORK2025 CATHEDRAL OF LEARNING PRO 55,000 PRO COS		PROGRAM OPERATING COSTS					
LYDIA'S PLACE710 FIFTH AVENUE SUITE 2100 PITTSBURGH,PA 15219	25-1657902	501 (C)(3)	3,000				PROGRAM OPERATING COSTS	
KINGSLEY ASSOCIATION6118 PENN CIRCLE SOUTH PITTSBURGH,PA 15206	25-0965412	501 (C)(3)	3,000				PROGRAM OPERATING COSTS	

Form 990,Schedule I, F	Part II, Gran	ts and Other As	sistance to Gove	ernments and O	rganizations in	the United State	es	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NORTHVIEW HEIGHTS FAMILY SUPPORT CENTER101 HAZLETT STREET PITTSBURGH,PA 15214	25-0965592	501 (C)(3)	600				PROGRAM OPERATING COSTS	
BIG BROTHERS BIG 25-6074707 501 (C)(3) 213,012 SISTERS5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206		PROGRAM OPERATING COSTS						
COMMUNITIES IN SCHOOLSPO BOX 335 LARIMAR,PA 15647	25-1728521	501 (C)(3)	96,030				PROGRAM OPERATING COSTS	
DUQUESNE UNIVERSITY 727 FISHER HALL 600 FORBES AVENUE PITTSBURGH,PA 15282	25-1035663	501 (C)(3)	61,110				PROGRAM OPERATING COSTS	
MT ARARAT271 PAULSON AVENUE PITTSBURGH,PA 15206	25-1628168	501 (C)(3)	21,825				PROGRAM OPERATING COSTS	
DONOR DESIGNATIONS CAMP REVENUE RECONCILIATION1250 PENN AVENUE PO BOX 735 PITTSBURGH, PA 15230			11,615,394				DONOR DESIGNATIONS FOR GENERAL SUPPORT	

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DLN: 93493033003030

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF ALLEGHENY COUNTY

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number

25-1043578

Pa	rt I Questions Regarding Compensatio	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	• • • • • • • • • • • • • • • • • • • •	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t				
	Compensation committee	Written employment contract			
	Independent compensation consultant	∇ Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"	, , ,	7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
ROBERT J KRASMAN (I				22,427	12,216	190,094	95,229
ROBERT NELKIN (I	167,129			24,124	12,957	204,210	99,582
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
		IN REFERENCE TO I A HEALTH OR SOCIAL CLUB DUES, A SOCIAL MEMBERSHIP FOR OUR ORGANIZATION IS HELD UNDER THE NAME OF OUR PRESIDENT THE DUES WERE NOT INCLUDED IN TAXABLE COMPENSATION ALL EXPENDITURES WERE SUPPORTED BY INVOICES OR RECEIPTS PRIOR TO PAYMENT BEING MADE TO THE SOCIAL CLUB

Schedule J (Form 990) 2008

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Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered OMB No 1545-0047

DLN: 93493033003030

Open to Public

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** UNITED WAY OF ALLEGHENY COUNTY 25-1043578 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction No Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . Part II Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (e) In Approved (g)Written from the (c)O riginal principal (a) Name of interested person and (d)Balance due default? by board or agreement? organization? purpose amount committee? Τо From Yes Yes Yes No Part III **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues	
	organization			Yes	No
ANN TRUXELL	WIFE OF PRESIDENT	282,191	IN ACCORDANCE WITH THE UNITED WAY OF ALLEGHENY COUNTY CONFLICT OF INTEREST POLICY, OFFICERS ARE RESPONSIBLE FOR DISCLOSING CONFLICTS AT THE TIME A TRANSACTION IS BEING CONSIDERED AND PRIOR TO BOARD ACTION IN ADDITION, THE POLICY REQUIRES OFFICERS TO DISCLOSE FAMILY RELATIONSHIPS ANNUALLY WHEN THE CONFLICT OF INTEREST FORM IS COMPLETED THIS TRANSACTION WAS IN COMPLIANCE WITH THESE REQUIREMENTS		No
MICHELE FABRIZI	BOARD MEMBER	116,622	MARKETING & PLANNING SERVICES UWAC BOARD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY THAT UWAC DOES BUSINESS HOWEVER, THESE RELATIONSHIPS ARE APPROPRIATE AS THESE TYPES OF TRANSACTIONS ARE DONE IN THE NORMAL COURSE OF BUSINESS AND IN COMPLIANCE WITH THE UNITED WAY OF ALLEGHENY COUNTY CONFLICT OF INTEREST POLICY		No
DR KENNETH MELANI MD	BOARD MEMBER	306,436	HEALTH INSURANCE PROVIDER UWAC BOARD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY THAT UWAC DOES BUSINESS HOWEVER, THESE RELATIONSHIPS ARE APPROPRIATE AS THESE TYPES OF TRANSACTIONS		No

ARE DONE IN THE NORMAL COURSE OF BUSINESS AND IN COMPLIANCE WITH THE UNITED WAY OF ALLEGHENY COUNTY CONFLICT OF INTEREST POLICY

DLN: 93493033003030

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization
UNITED WAY OF ALLEGHENY COUNTY

Employer identification number

					25-1043578			
Par	Types of Property			, .				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
L A	rt—Works of art							
2 A	rt—Historical treasures .							
3 A	rt—Fractional interests							
₽ B	ooks and publications							
	lothing and household							
C	ars and other vehicles							
7 B	oats and planes							
3 I	ntellectual property							
	ecurities—Publicly traded . ecurities—Closely held stock .	X	48	333,864	HIGH/LOW			
L S	ecurities—Partnership, LLC, or trust interests							
	ecurities—Miscellaneous							
Ò	ualified conservation contribution (historic structures)							
	ualified conservation							
	contribution (other)							
	eal estate—Residential .							
	eal estate—Commercial							
	eal estate—Other							
	ollectibles							
	ood inventory							
	rugs and medical supplies .							
	axidermy							
	istorical artifacts							
	cientific specimens							
l A	rcheological artifacts							
5 C	IBM ther (describe <u>EQUIPMENT</u>)	×	1	12,827	QUOTED MARKET	PRICE	<u> </u>	
	GOLD ther (describe <u>COINS</u>)	×	1	2 637	QUOTED MARKET	PRICE	=	
	ther (describe)			2,037	Q O O TED TIMINET	1 1(10)		
	ther (describe)							
	Number of Forms 8283 received	L hy the ora	anization during the tax vea	r for contributions for				
,	which the organization complete Acknowledgement	d Form 828			29			
	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	N
	least three years from the date of for the entire holding period?				exempt purposes	30a		No.
	If "Yes", describe the arrangeme					Jua		
	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
	Does the organization hire or use	e thırd part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
	If "Yes", describe in Part II							14.0
	If the organization did not report	revenueci	n Column (c) for a type of n	ronerty for which Column (a) 1c			
	checked describe in Part II	ievenues I	in Cordinii (C) for a type of p	Toperty for willen Column (4) 13			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

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DLN: 93493033003030

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

OMB No 1545-0047

Name of the organization UNITED WAY OF ALLEGHENY COUNTY Employer identification number

25-1043578

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	Our United Way has adopted the Community Impact approach to investing dollars from our Impact Fund (unrestricted gifts) in agencies and programs that align with the 3 critical needs identified through our 2007 needs assessment study-1) Helping Teens and Young Adults Succeed and Reducing Risk Factors for Young Children, 2) Supporting Vulnerable Seniors and Adults with Disabilities, and 3) Assisting Financially Struggling Adults and Families. To fully implement the Community Impact approach, funding for traditional agency partners gradually is being moved to a competitive processapplications are open to all nonprofit health or human service agencies in Allegheny County but only the best proposals that are aligned with our goals are selected for support. Agency proposals must demonstrate that their services will a) assist a population with great needs, b) utilize a sound approach, c) demonstrate results, and, d) align with the preferred outcomes for the critical need area. In addition, our Community Impact investments support community-level projects that address critical needs, such as our support for an expansion of work performed by agencies participating in the Money in Your Pocket Coalition. Under our Assisting Financially Struggling Adults and Families need area, United Way invested \$100,000 to assist with recruitment and training of volunteers who help low income families complete tax returns that include filing for the Earned Income. Tax Credit. More than \$5 million in refunds were returned to the community through this tax credit as a result of assistance provided by 60 volunteers recruited through the expanded effort. We also began in 2008 to ask donors to provide special support for Community Initiatives and Partnerships that have been developed to address and prevent serious community problems. For 2008-09, these included Preventing Youth Violence and Motivating Kids to Succeed in School. A total of \$1.9 million was invested for implementation of various research-based projects and model programs sel

ldentifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	To minimize disruption in services provided by the 60 long-term partner agencies while we transition to the new competitive funding process, the change is being implemented gradually. In each of the 3 critical need areas, dollars currently invested in agency services are being opened up to competition 1/3 at a time over 3 years. By July 2011, all three of the areas will have transitioned all of the dollars out of the traditional process and into the competitive process, and the plan is to provide 3-year renewable grants on a rotating basis within each of the 3 critical need areas.

ldentifier	Return Reference	Explanation								
Form 990, Part III, line 4d	Other Program Services	DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DESIGNATE TO SPECIFIC AGENCIES TOTAL EXPENSES FOR THIS PROGRAM WERE \$11,615,394 AND REVENUE FROM FUNDRAISING AND PROCESSING FEES TOTALED \$1,295,020 GRANTS AND DIRECT SERVICES - GRANTS TOTALING \$321,348 WERE ALLOCATED TO AGENCIES TO ASSIST WITH CAPITAL EXPENDITURE NEEDS THROUGH THE MAURICE FALK FUND, PROVIDE SUPPORT FOR THE EITC PROGRAM, AND MEET OPERATIONAL NEEDS DIRECT SERVICES PROVIDED BY THE UNITED WAY OF ALLEGHENY COUNTY TOTALED \$740,613 THESE INCLUDED AN INFORMATION AND REFERRAL SERVICE FOR COMMUNITY RESIDENTS IN NEED, A LINK TO SERVICE AND VOLUNTEER OPPORTUNITIES IN THE COMMUNITY AND TRAINED LABOR UNION STAFF WHO ASSIST INDIVIDUALS SEEKING HELP AND TRAINING Expenses \$ 12677355 including grants of \$ 11936742 Revenue \$ 0								

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THE FOLLOWING BOARD MEMBERS OF UNITED WAY OF ALLEGHENY COUNTY HAVE A SEPARATE PROFESSIONAL OR BUSINESS RELATIONSHIP WITH EACH OTHER GRETCHEN HAGGERTY AND DR KENNETH MELANI JAMES BARNES AND SUNIL WADHWANI

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section A, line 5		On November 17, 2008, an individual not employed or associated with the United Way of Allegheny County ("UWAC") through the use of identity theft initiated a fraudulent wire transfer of \$800,000 from the United Way of Allegheny County's checking account from a bank branch location in Delaware. As a result of the UWAC's rigorous use of internal controls regarding the use of funds, the UWAC discovered this unauthorized transfer of funds early the following day during the organization's daily review of the checking account and immediately reported it to the bank. All funds were recovered with interest in 48 hours and the investigation is ongoing by law enforcement authorities. This theft of funds did not involve any officer, trustee, employee or any other person associated with the UWAC. The UWAC strictly adheres to controls and policies that ensure that the assets and funds of the UWAC are used solely to further the mission and tax-exempt purposes of the UWAC and do not inure to the private benefit of any individual related or unrelated to the organization.								

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section A, line 10		THE FORM 990 WAS PREPARED BY THE FINANCE STAFF AND THEN REVIEWED BY THE CHIEF ADMINISTRATIVE & FINANCE OFFICER, PRESIDENT & CHEIF PROFESSIONAL OFFICER AND ALPERN ROSENTHAL, UNITED WAY OF ALLEGHENY COUNTY'S AUDIT FIRM A LINK TO THE UNITED WAY OF ALLEGHENY COUNTY'S WEBSITE PROVIDED ACCESS TO A DRAFT OF THE FORM 990 TO THE BOARD FOR THEIR REVIEW PRIOR TO THE FORM 990 FILING QUESTIONS OR COMMENTS FROM BOARD MEMBERS REGARDING THE FORM 990 WERE DIRECTED TO THE CONTROLLER OF CHIEF ADMINISTRATIVE & FINANCE OFFICER								

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section B, line 12c		ANNUALLY, EACH DIRECTOR AND OFFICER MUST COMPLETE A DISCLOSURE STATEMENT REFLECTING HIS OR HER INTERESTS THE CHAIRMAM OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE DISCLOSURE STATEMENTS SO THAT HE OR SHE IS FAMILIAR WITH POTENTIAL CONFLICTS IN ADDITION, EACH DIRECTOR AND OFFICER IS PERSONALLY RESPONSIBLE FOR DISCLOSING HIS/HER ACTUAL OR POTENTIAL CONFLICT AT THE TIME THE ORGANIZATION IS CONSIDERING A TRANSACTION THAT MAY INVOLVE A CONFLICT AND REFRAIN FROM VOTING							

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO DISCUSS THE PERFORMANCE OF THE PRESIDENT AND CHIEF ADMINISTRATIVE AND FINANCE OFFICER THE COMMITTEE CONSIDERS INPUT FROM BOARD MEMBERS, STAFF, GRANT RECIPIENTS, AND OTHER INFORMED COMMUNITY LEADERS THE PRESIDENT AND CHIEF ADMINISTRATIVE AND FINANCE OFFICER MEET INDIVIDUALLY TO DISCUSS THEIR PERFORMANCE AND TO ESTABLISH GOALS FOR THE COMING YEAR SALARY IS ESTABLISHED BASED ON PERFORMANCE AND COMPARABILITY DATA PROVIDED BY UNITED WAY OF AMERICA AND LOCAL NON-PROFIT ORGANIZATIONS THESE REVIEWS ARE CONDUCTED ANNUALLY AND WERE LAST COMPLETED IN 2009							

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE FORM 990, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE ALL AVAILABLE ON OUR WEBSITE AND UPON REQUEST

ldentifier	Return Reference	Explanation							
FORM 990, PART III, LINE 4D		DONOR DESIGNATIONS - THESE ARE CONTRIBUTIONS THAT DONORS DIRECT TO SPECIFIC AGENCIES TOTAL EXPENSES FOR THIS PROGRAM WERE \$11,615,394 WHICH INCLUDES \$11,615,394 OF GRANTS PROGRAM REVENUE WAS \$1,295,020 NONPROFIT SECTOR SUPPORT - THIS INCLUDES FUNDING FOR A 24/7 INFORMATION AND REFERRAL SERVICE, VOLUNTEER DEVELOPMENT AND CAPITAL EXPENDITURE NEEDS FOR AGENCIES TOTAL EXPENSES WERE \$1,061,961 WHICH INCLUDES \$321,348 OF GRANTS							

ldentifier	Return Reference	Explanation						
FORM 990, PART IV LINE 12 AND PART XI LINE 2B		THE FINANCIAL STATEMENTS FOR THE UNITED WAY OF ALLEGHENY COUNTY WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF A CONSOLIDATING AUDIT THE UNITED WAY OF ALLEGHENY COUNTY HAS AN AUDIT COMMITTEE THAT HAS RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT						

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493033003030

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

UNITED WAY OF ALLEGHENY COUNTY				25-1043578	
Part I Identification of Disregarded Entities				•	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	itions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (stat or foreign country)	(D) Exempt Code sec	(E) Public charity s (if section 501)	(F) status (c)(3)) (F) Direct controlling entity
HEALTH ALLIANCE FOR NONPROFITS 1250 PENN AVENUE PO BOX 735 PITTSBURGH, PA152300735 25-1723744	SPONSOR REDUCED-COST HEALTH INSURANCE TO NOT- FOR-PROFIT ORGANIZATIONS	. PA	501 (C)(4)		N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5Y	<u> </u>	Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		code V—UBI amount on Box 20 of K-1		iral o aging ner?
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions	with	Related	Organizations	
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Pa	rt V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	s No	
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	/?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No	
b	Gift, grant, or capital contribution to other organization(s)		1b		No	
c	Gift, grant, or capital contribution from other organization(s)					
d	Loans or loan guarantees to or for other organization(s)					
e	Loans or loan guarantees by other organization(s)		1e		No	
f	Sale of assets to other organization(s)					
g	g Purchase of assets from other organization(s)					
h	h Exchange of assets					
i Lease of facilities, equipment, or other assets to other organization(s)					No	
j Lease of facilities, equipment, or other assets from other organization(s)					No	
k Performance of services or membership or fundraising solicitations for other organization(s)					No	
l Performance of services or membership or fundraising solicitations by other organization(s)					No	
m Sharing of facilities, equipment, mailing lists, or other assets					No	
n Sharing of paid employees					No	
0	Reimbursement paid to other organization for expenses		10		No	
p Reimbursement paid by other organization for expenses			1p	Yes	5	
q O ther transfer of cash or property to other organization(s)					No	
r	O ther transfer of cash or property from other organization(s)		1r	Yes	5	
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationship (B)	I .			
	(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved			
(1)	HEALTH ALLIANCE FOR NONPROFITS	p		15.8	195	

(A) Name of other organizatio	n(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) HEALTH ALLIANCE FOR NONPROFITS		Р	15,895
(2) HEALTH ALLIANCE FOR NONPROFITS		Q	64,692
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_											
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations	s?	(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	. D / Farms	9907 2008										